



Developmental Disability Services Quarterly Data

Department of Health and Human Services

Office of Aging and Disability Services

INTRODUCTION

The following is a summary of data for the First Quarter of State Fiscal Year 2023 for individuals receiving 10-144 Chapter 101 MaineCare Benefits Manual (MBM) Sections 21 and 29 services. Data for this summary was sourced from the Enterprise Information System, Evergreen, and MaineCare claims. OADS is presently transitioning data sourced from the Enterprise Information System to Evergreen. Medicaid Home and Community Based Services (HCBS) are waivers authorized under Section 1915(c) of the Social Security Act. Section 21 provides comprehensive HCBS for Members with Intellectual Disabilities or Autism Spectrum Disorder, and Section 29 provides support services HCBS for Adults with Intellectual Disabilities or Autism Spectrum Disorder. The waiver programs assist individuals with Intellectual Disabilities or Autism Spectrum Disorder to receive services and supports in their homes or communities.

This summary is provided by Maine's DHHS Office of Aging and Disability Services (OADS) pursuant to Maine's Department of Health and Human Services reporting requirements as described in 34-B, §1223.

TARGETED CASE MANAGEMENT

The Office of Aging and Disability Services contracts with 43 agencies across the state to provide ongoing Case Management services to individuals served by OADS. Many case management services are provided by private agencies ("Community Case Management") that have agreements with the Office of MaineCare Services to provide case management services under the MaineCare Benefits Manual, Section 13, Targeted Case Management Services. The purpose of targeted case management is to identify the medical, social, educational, and other needs (including housing and transportation) of the eligible member, identify the services necessary to meet those needs, and facilitate access to those services. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation. These services include various activities related to the coordination and appropriate implementation of needed services. This includes, but is not limited to the following examples: assistance/coordination of Person-Centered Planning activities, coordination of the

vendor call process on behalf of the individual served, ongoing monitoring and documentation of individual service needs, etc.

Community Case Managers provide case management to individuals who are determined eligible thru OADS intake for case management. The member must receive MaineCare. Additionally, OADS Intake and Eligibility staff provide ongoing case management directly to a limited number of individuals. These are typically individuals who lack MaineCare coverage and cannot therefore be served by one of our Community Case Management provider agencies. Typically, less than 1% of individuals receiving case management services are served by OADS Intake and Eligibility staff. A count of individuals served by Community Case Management for the first quarter of State Fiscal Year 2023 (SFY23Q1), dates 7/1/2022-9/30/2022 is presented below.

Individuals Receiving Targeted Case Management

	Individuals Served by Community Case Management Agencies
Count	6,726

INTAKE AND ELIGIBILITY

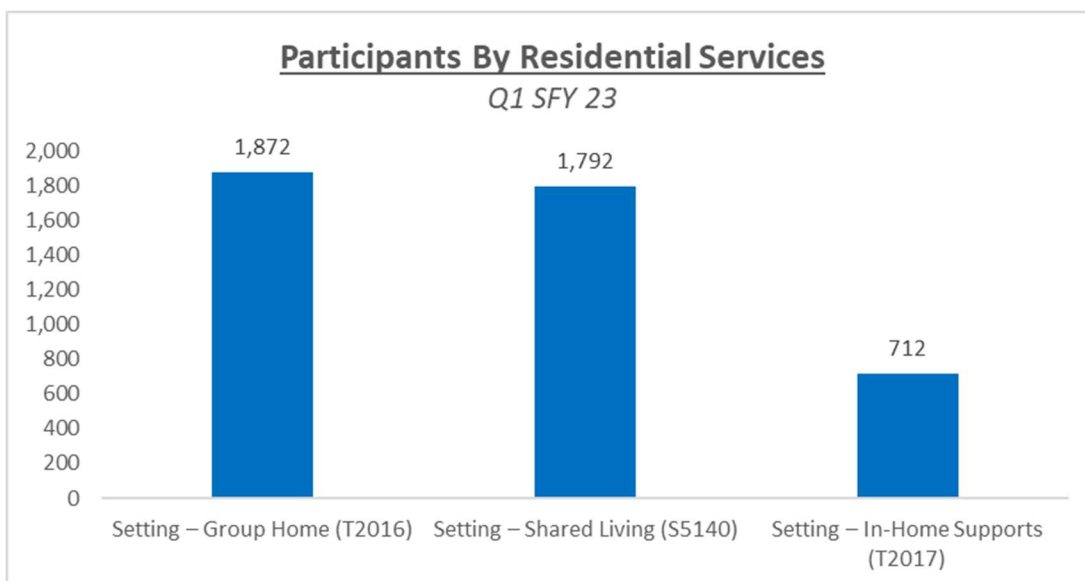
OADS Intake and Eligibility staff based in district offices process incoming eligibility applications for services at OADS. These staff are responsible for meeting the prospective applicant and their involved family, providing guidance to the individual and family on how to navigate the system, ensure that all Releases of Information are executed, collect, and sometimes arrange for psychological testing and other functional assessments. If necessary, OADS Intake and Eligibility staff also coordinate activities related to establishment of eligibility determination and issue determination letters within 90 days of application. Intake and Eligibility services are offered across 8 districts within the state. The types of services vary based on individual need and include consultation regarding access to or navigating systems of care. The table below represents how many individuals received services by district during the first quarter of State Fiscal Year 2023 (SFY23Q1), dates 7/1/2022-9/30/2022.

District	Count	%
1: York	25	19.8
2: Cumberland	28	22.2
3: Androscoggin, Franklin & Oxford	26	20.6
4: Waldo, Lincoln, Knox & Sagadahoc	12	9.5
5: Somerset & Kennebec	6	4.8
6: Penobscot & Piscataquis	25	19.8
7: Washington & Hancock	0	0
8: Aroostook	4	3.1
Total Individuals Served by Intake and Eligibility*	126	

** This is a count of unique individuals. A single individual may have had multiple interactions across a region.*

RESIDENTIAL SETTING TYPES

Section 21 and 29 Waiver Members receive residential services in their own home, in a shared living arrangement or in a group home. Counts of Section 21 and 29 Waiver Members receiving services in each residential setting type is presented for the first quarter of State Fiscal Year 2023 (SFY23Q1), dates 7/1/2022-9/30/2022.



REPORTABLE EVENTS

All residential, community support, employment support and case management staff are required reporters, who must file reportable events to document occurrences of physical restraint, rights violations, assaults/altercations, medication errors, dangerous situations and injury or death. The Reportable Events System rule (14-197 Chapter 12) sets forth the policy of the Maine Department of Health and Human Services for reporting requirements and the steps involved in the review of reportable events to identify preventive and corrective action, as appropriate. Providers of MaineCare Benefits Manual Sections 21 and 29 services are required to report certain critical incidents that involve individuals receiving services. Providers of services are also required to conduct follow-up on these events.

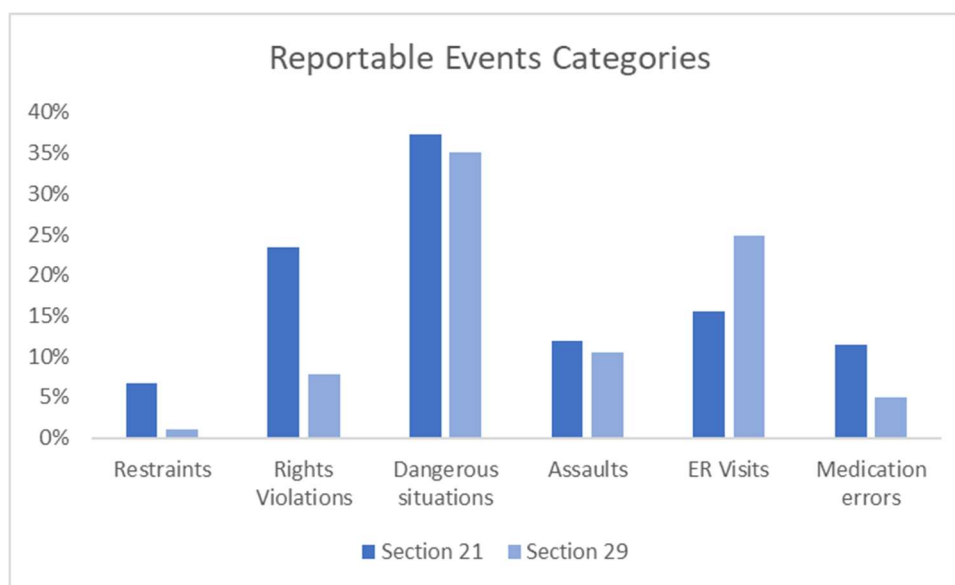
The following table includes the total unduplicated count of individuals who experienced a Reportable Event while receiving Section 21 and 29 waiver services in SFY23Q1 (7/1/2022-9/30/2022), the number of reportable events, and the percentage of those individuals who experienced a Reportable Event. Note, an individual could experience more than one Reportable Event. This information was sourced from the case management database, EIS.

Section 21 and 29 Waiver Members Experiencing a Reportable Event

Reportable Events Summary	Count	Number of Events	% Of Individuals with a Reportable Event
Section 21	1434	5584	46
Section 29	450	669	20

REPORTABLE EVENT CATEGORIES

The percentage is provided for the total Reportable Events submitted in EIS by waiver for 6 selected categories during the SFY23Q1 (7/1/2022-9/30/2022). Of these categories, the most frequent Reportable Event included incidents involving dangerous situations at 35-37%.



Each Reportable Event category definition as described in 14-197 C.M.R. ch. 12 is provided:

1. **Restraint**: an unplanned physical action that limits or controls the voluntary movement of an Individual Receiving Services against his or her will and that deprives an Individual Receiving Services of the use of all or part of his or her body or maintains an Individual Receiving Services in an area through physical presence, physical limitation, or coercion.

2. **Rights Violation**: any action or inaction that deprives an Individual Receiving Services with an intellectual disability or autism of any of the rights or basic protections described in 34-B M.R.S. §5605.

3. **Dangerous Situation**: Individual Receiving Services is in a dangerous situation posing an imminent risk of harm to self or others that is not included in any of the categories listed in Section 2(2)(A)(1)-(15).

4. **Assaults**: Physical assault or altercation involving any of the following:

- An Individual Receiving Services initiates a physical altercation with another individual(s) (including staff, another Individual Receiving Services, or any other member of the community);
- An Individual Receiving Services is physically assaulted by another Individual Receiving Services.

5. **ER visits**: Emergency Department visit.

6. **Medication Errors**: Medication Error that leads to a health or safety concern of a serious and immediate nature due to any of the following:

- Refusal to take a prescribed medication;
- Taking medication in an incorrect dosage, form, or route of administration;
- Taking medication on an incorrect schedule;
- Taking medication which was not prescribed;
- An allergic reaction to a medication; or
- Incorrect procedure followed for assisting an Individual Receiving Services with self-medication.

ADULT PROTECTIVE SERVICES

In SFY23Q1 (7/1/2022-9/30/22), Adult Protective Services (APS) received 3,277 reports that were “screened in,” meaning they met the jurisdictional requirements for APS involvement (i.e., allegations of abuse, neglect, or exploitation or substantial risk thereof of an incapacitated or dependent adult in Maine). Of those, the screened in reports involving a client receiving Section 21 or 29 are outlined below. Of note, some clients were the subject of more than one report to APS during the quarter, which is reflected in Line 1 below. The number of reports where the allegations were substantiated involving a client receiving Section 21 or Section 29 services is small relative to the number of reports investigated.

Section 21 and 29 Waiver Members with APS Reports

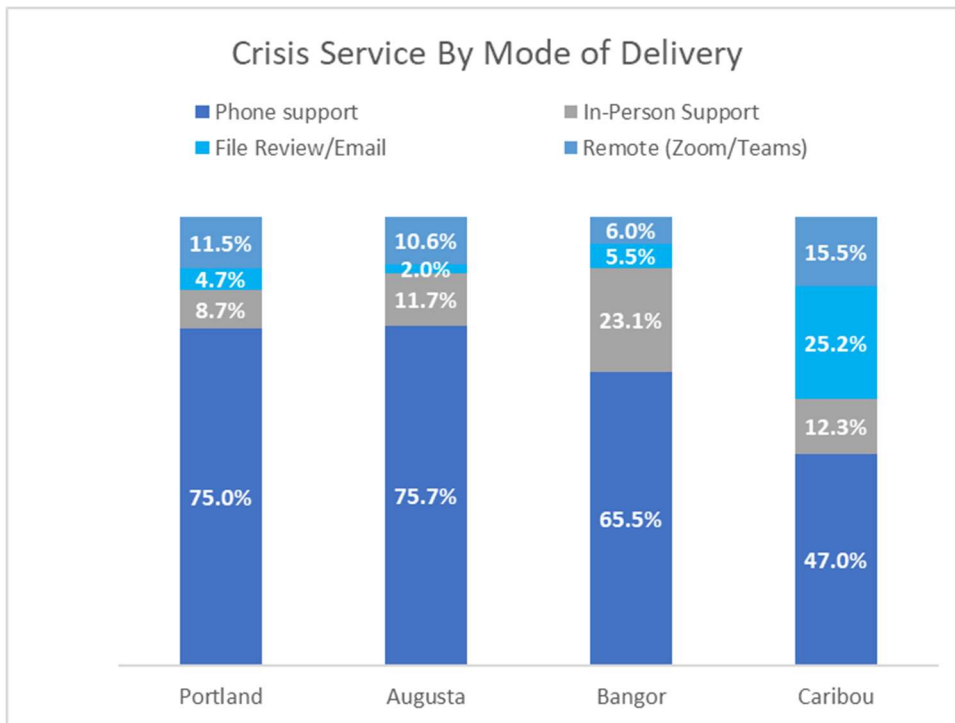
Adult Protective Service Reports	Section 21 Count	Section 29 Count
Clients with “Screened in” Reports	297	82
Number of “Screened in” Reports	362	86
Reports with Substantiated Allegations	37	7

CRISIS PREVENTION AND INTERVENTION

OADS offers a crisis system made up of five major services: prevention services; crisis telephone services; mobile crisis outreach services; in-home crisis services; and crisis residential services. All services are provided using multiple contact modalities (telephonic, in-person contact, electronic correspondence, and video conferencing). In SFY23Q1 (7/1/2022-9/30/2022), a total of 637 unduplicated individuals received these services with 14 individuals residing in a crisis home or emergency transitional housing. This is increase from the previous quarter count of unduplicated individuals of 584 in SFY22Q4. Individuals receiving crisis services were served by Portland, Augusta, Bangor, and Houlton/Caribou regional offices. A count of individuals served by transitional housing, a regional breakdown of contact type by service mode of delivery and counts of contacts by regional office is presented below.

Emergency Transitional Housing and Crisis Homes

Residential Crisis Services	Emergency Transitional Housing	Crisis Homes
Unduplicated Count of Individuals Served	2	12



Crisis Teams	Crisis Contacts
Portland	1482
Augusta	841
Bangor	636
Caribou/Houlton	489
Total	3448

Sections 21 and 29 Budget Expenditures

Total waiver expenditures in SFY23Q1 (7/1/2022-9/30/22) for Sections 21 and 29 are presented with per member per year/month (PMPY/PMPM) costs, followed by a comparison of state versus federal funding. The data source for expenditures is the MaineCare Healthcare Claims System.

Section 21 and 29 Total Waiver Expenditures, PMPY, and PMPM

Waiver Section	Members Served	Total Expenditures	Per Member Per Year Costs	Per Member Per Month Costs
21	3,093	\$ 119,403,995.80	\$ 145,034.92	\$ 12,876.51
29	2,283	\$ 22,144,584.03	\$ 33,263.73	\$ 3,166.17
Total	*5365	\$ 141,548,579.83	\$ 178,298.65	\$ 16,042.68

Section 21 and 29 Total Waiver Expenditures: State vs. Federal Share

Waiver Section	State Share Total	Federal Share Total
21	\$35,499,118.16	\$ 83,904,877.64
29	\$6,539,227.71	\$ 15,605,356.32
Total	\$42,038,345.87	\$ 99,510,233.96

**Combined count is unduplicated and includes individuals who received Section 29 and transitioned to Section 21 during this timeframe.*